

1 STEPHEN R. HARRIS, ESQ.  
 2 Nevada Bar No. 001463  
 3 HARRIS LAW PRACTICE LLC  
 4 6151 Lakeside Drive, Suite 2100  
 Reno, NV 89511  
 Telephone: (775) 786-7600  
 E-Mail: steve@harrislawreno.com  
 5 Attorneys for Trustee

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7 UNITED STATES BANKRUPTCY COURT  
 8 FOR THE DISTRICT OF NEVADA

9 \* \* \* \* \*

10 IN RE:

11 DORA DOG PROPERTIES, LLC

Lead Case No.: BK-19-50103-gs  
 (Chapter 7)

Jointly Administered with:

- AFFECTS THIS DEBTOR
- AFFECTS DOG BLUE PROPERTIES, LLC
- AFFECTS BRANDY BOY PROPERTIES, LLC
- AFFECTS 475 CHANNEL ROAD, LLC
- AFFECTS PARK ROAD, LLC
- AFFECTS 140 MASON CIRCLE, LLC
- AFFECTS ALL DEBTORS.

19-50104-gs	Dog Blue Properties, LLC
19-50105-gs	Brandy Boy Properties, LLC
19-50106-gs	475 Channel Road, LLC
19-50108-gs	Park Road, LLC
19-50109-gs	140 Mason Circle, LLC

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13 **TRUSTEE'S SECOND AMENDED OMNIBUS  
 14 OBJECTION TO PROOFS OF CLAIM**

15 Hearing Date: August 11, 2022  
 16 Hearing Time: 9:30 a.m.

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25 W. Donald Gieseke, Trustee for the Chapter 7 bankrupt estates of six (6) Jointly  
 26 Administered Debtors, specifically, DORA DOG PROPERTIES, LLC ("Dora Dog"); DOG  
 27 BLUE PROPERTIES, LLC ("Dog Blue"); BRANDY BOY PROPERTIES, LLC ("Brandy  
 28 Boy"); 475 CHANNEL ROAD, LLC ("475 Channel Road"); PARK ROAD, LLC ("Park Road");

1 and 140 MASON CIRCLE, LLC ("140 Mason Circle"); by and through his counsel STEPHEN  
 2 R. HARRIS, ESQ. of HARRIS LAW PRACTICE LLC, hereby files his TRUSTEE'S SECOND  
 3 AMENDED OMNIBUS OBJECTION TO PROOFS OF CLAIM, and states and alleges as  
 4 follows:

5 1. The Trustee objects to the following Proofs of Claim on the basis stated in the  
 6 "Grounds for Objection" column hereinbelow. Claimants can locate their names on the tables  
 7 below (claimants are listed alphabetically), as well as the exhibits attached hereto, which  
 8 incorporate the first page of each filed Proof of Claim that the Trustee is objecting to.

9 **PART I:**

10 **19-50103 Dora Dog Properties, LLC- Objected Proof of Claims (see Exhibit "A")**

<b>CLAIM NO.</b>	<b>CLAIMANT</b>	<b>AMOUNT</b>	<b>GROUND FOR OBJECTION</b>
7-1	800 S. BROADWAY	\$46,430.00	800 S. Broadway is not a creditor of the Debtor (See claim 8-1).
8-1	AMAC CONSTRUCTION	\$46,430.00	Claimant has been paid in full pursuant to Court approved compromise and settlement under Rule 9019 (See DE 356).
12-1	AMERICAN HANDYMAN SERVICES INC.	\$15,065.61	Claim for services rendered for property turned over to USA in forfeiture action.
21-1	BAY AREA DRAINAGE	\$77,250.00	Claim for services rendered for property turned over to USA in forfeiture action.
5-1	BERTOLAMI ENGINEERING	\$3,250.00	Claim for services rendered for property turned over to USA in forfeiture action.
14-1	CEMCON, INC.	\$3,406.23	Claim for services rendered for property turned over to USA in forfeiture action.
15-1	CEMCON, INC.	\$10,818.65	Claim for services rendered for property turned over to USA in forfeiture action.
16-1	CEMCON, INC.	\$36,149.33	Claim for services rendered for property turned over to USA in forfeiture action.
4-1	CLARK COUNTY TREASURER	\$34,935.68	Claim for real property taxes for property turned over to USA in forfeiture action.
13-1	COAST BUILDING PRODUCTS	\$4,685.00	Claim for services rendered for property turned over to USA in forfeiture action.
72-1	CONTRA COSTA COUNTY TREASURER	\$123,111.12	Claim for real property taxes for property turned over to USA in forfeiture action.
3-1	HARRIS & SLOAN CONSULTING ENGINEERS INC.	\$3,198.75	Claim for services rendered for property turned over to USA in forfeiture action.
17-1	LEGACY FRAMERS, INC.	\$49,904.07	Claim for services rendered for property turned over to USA in forfeiture action.
18-1	LEGACY FRAMERS, INC.	\$51,485.41	Claim for services rendered for property turned over to USA in forfeiture action.

1	19-1	LEGACY FRAMERS, INC.	\$52,324.53	Claim for services rendered for property turned over to USA in forfeiture action.
2	74-1	LESTER CONSTRUCTION	\$10,871.00	Claim for services rendered for property turned over to USA in forfeiture action; late filed claim; invoice attached to Claim for Debtor Dog Blue Properties; Duplicate Claim (See Claim 11-1).
3	6-1	NATIONAL CONSTRUCTION RENTALS	\$2,145.43	Claim for services rendered for property turned over to USA in forfeiture action.
4	20-1	NEVADA POWER DBA NV ENERGY	\$1,610.85	Claim for utilities rendered for property turned over to USA in forfeiture action.
5	1-1	SOUTHERN HIGHLANDS COMMUNITY ASSOC.	\$85.00	Claim for homeowner fees for property turned over to USA in forfeiture action.
6	9-1	STEVENS, FERRONE & BAILEY ENGINEERING COMP. INC.	\$4,609.51	Claim for services rendered for property turned over to USA in forfeiture action.
7	2-1	VINTAGE VALLEY AT THE ESTATES S.H.G.C.	\$460.00	Claim for homeowner fees for property turned over to USA in forfeiture action.

## PART II:

### 19-50104 Dog Blue Properties, LLC- Objected Proof of Claims (see Exhibit "B")

CLAIM NO.	CLAIMANT	AMOUNT	GROUND FOR OBJECTION
6-1	800 S. BROADWAY	\$88,641.28	800 S. Broadway is not a creditor of the Debtor (See Claim 7-1).
3-1	ALEXANDER & ASSOCIATES, INC.	\$7,955.00	No documentation for basis of claim provided.
7-1	AMAC CONSTRUCTION AND RESTORATION	\$88,641.28	Claimant has been paid in full pursuant to Court approved compromise and settlement under Rule 9019 (See DE 356).
4-1	BERTOLAMI ENGINEERING	\$3,450.00	Claim for services rendered for property turned over to USA in forfeiture action.
12-1	CA CONSTRUCTION	\$9,134.27	Claim for services rendered for property turned over to USA in forfeiture action.
61-1	CONTRA COSTA COUNTY TREASURER	\$165,847.32	Claim for real property taxes for real property turned over to USA in forfeiture action, or alternatively, should have been when Brown Street and Marie Ave real properties were sold (See DE 477 and DE 558 -Sale Orders).
11-1	DAYSH DEVELOPMENTS INC	\$414,120.75	Claim for services rendered for property turned over to USA in forfeiture action
2-2	EL DORADO COUNTY TAX COLLECTOR	\$6,245.12	Claimant paid in full when Juniper Ave. real property was sold.
1-1	MIRACLE METHOD OF CONTRA	\$1,250.00	Claim for services rendered for property turned over to USA in forfeiture action.
10-1	NAPA COUNTY TREASURER	\$980.84	Claim for real property taxes for property turned over to USA in forfeiture action.
62-1	SOUTH TAHOE PUBLIC UTILITY	\$360.02	Claimant paid in full when Juniper Ave. real property was sold (See DE 283- Juniper Sale Order).

### PART III:

**19-50105- Brandy Boy Properties, LLC- Objected Proof of Claims (See Exhibit "C")**

<u>CLAIM NO.</u>	<u>CLAIMANT</u>	<u>AMOUNT</u>	<u>GROUNDS FOR OBJECTION</u>
3-1	BOULDER EXTERMINATORS	\$225.00	Claimant paid in full for utilities when real properties Clubhouse Drive and Overlook Court were sold (See DE 243- Overlook Sale Order)
4-1	EL DORADO COUNTY TAX COLLECTOR	\$86,118.33	Taxes for 4101 South Lake Tahoe real property turned over to USA in forfeiture action; Real property taxes owing for Overlook Court real property paid when real property was sold (See DE 243- Overlook Sale Order).
1-2	MARICOPA COUNTY TREASURER	\$6,923.33	Claimant was paid in full for real property taxes when Clubhouse drive real property was sold (See DE 226- Clubhouse Sale Order).
2-1	SOUTHWEST GAS CORPORATION	\$591.23	Claimant paid in full for utilities when real properties Clubhouse Drive and Overlook Court were sold (See DE 226 and DE 243- Sale Orders)

2. Based on the foregoing, the Trustee respectfully requests that this Court enter orders denying the above referenced claims for the reasons identified for each claim in the “Grounds for Objection” column in the above tables for each respective Debtor. Further, the Trustee proposes to submit to this Court one separate Order per Debtor denying the above-referenced claims.

DATED this 30<sup>th</sup> day of June, 2022.

HARRIS LAW PRACTICE LLC  
STEPHEN R. HARRIS, ESO.

*/s/ Stephen R. Harris*

**Attorneys for Trustee**

# EXHIBIT “A”

EXHIBIT “A”

Fill in this information to identify the case:

Debtor 1 DORA DOG PROPERTIES, LLC
Debtor 2
(Spouse, if filing)
United States Bankruptcy Court District of Nevada
Case number: 19-50103

FILED

U.S. Bankruptcy Court  
District of Nevada

3/20/2019

Mary A. Schott, Clerk

Official Form 410  
Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	800 S. Broadway  Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  800 S. Broadway	Where should payments to the creditor be sent? (if different)	Name  Paymon Hifai, Esq. 800 S. Broadway Suite 200 Walnut Creek, CA 94596  Name  Contact phone 9259436570 Contact phone _____ Contact email phifai@hornerlawgroup.com Contact email _____  Uniform claim identifier for electronic payments in chapter 13 (if you use one):  _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known)	Filed on  MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing?		

**Fill in this information to identify the case:**

Debtor 1 DORA DOG PROPERTIES, LLC

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court District of Nevada

Case number: 19-50103

**FILED**

U.S. Bankruptcy Court  
District of Nevada

3/20/2019

Mary A. Schott, Clerk

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**Proof of Claim**

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	AMAC Construction and Restoration		
	Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	AMAC Construction and Restoration	Name	Name
	Paymon Hifai, Esq. Horner Law Group, P.C. 800 S. Broadway, Suite 200 Walnut Creek, CA 94596	Contact phone	925-943-6570
		Contact phone	
	Contact email	phifai@hornerlawgroup.com	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known)		Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

**Fill in this information to identify the case:**

Debtor 1 DORA DOG PROPERTIES, LLC

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court District of Nevada

Case number: 19-50103

FILED

U.S. Bankruptcy Court  
District of Nevada

5/1/2019

Mary A. Schott, Clerk

**Official Form 410**

**Proof of Claim**

04/19

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	American Handyman Services Inc		
	Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	American Handyman Services Inc		
	Name	Name	
	10040 Cheyenne Ave. Las Vegas, NV 89129		
	Contact phone 702-768-2759	Contact phone	
	Contact email itaylor66@gmail.com	Contact email	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known)		Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

**Fill in this information to identify the case:**

Debtor 1	Dora Dog Properties LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	District of Nevada
Case number	19-50103-btb

**Official Form 410****Proof of Claim**

04/19

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	Bay Area Drainage, Inc. Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Name 1331 N. California Street, 5th Floor Number Street Walnut Creek, CA 94596 City State ZIP Code Contact phone 925-935-9400 Contact email brian.shaffer@msrlegal.com	Where should payments to the creditor be sent? (if different)  Name 1331 N. California Street, 5th Floor Number Street Walnut Creek, CA 94596 City State ZIP Code Contact phone 925-935-9400 Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): - - - - -			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Case 19-50103-gs Claim 5-1 Filed 03/04/19 Page 1 of 8

Fill in this information to identify the case:

Debtor 1	<u>DORA DOG PROPERTIES, LLC</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the: District of Nevada	
Case number 19-50103-BTB	

RECEIVED  
AND FILED

2019 MAR -4 PM 12:10

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT CLERK**Official Form 410****Proof of Claim**

04/16

Read the Instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>Bertolami Engineering</u> Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  Gwen Bertolami, Bertolami Engineering Name 1941 Oak Park Blvd. #70 Number Street Pleasant Hill CA 94523 City State ZIP Code Contact phone (925) 448-2875 Contact email <u>gwen_bertolami@comcast.net</u>	<b>Where should payments to the creditor be sent? (if different)</b>  Name Number Street City State ZIP Code Contact phone _____ Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>19-50103-btb</u> Filed on <u>01/30/2019</u> <u>MM / DD / YYYY</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Fill in this information to identify the case:

Debtor 1	DORA DOG PROPERTIES, LLC
Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	19-50103

FILED

U.S. Bankruptcy Court  
District of Nevada

5/21/2019

Mary A. Schott, Clerk

Official Form 410  
Proof of Claim

04/19

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	Cemcon, Inc., a California corporation  Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?  Cemcon, Inc., a California corporation	Where should payments to the creditor be sent? (if different)  Cemcon, Inc.	Name  Attn: Gary Clayton, President 980 Garcia Avenue, Suite C  Pittsburgh, CA 94565  Contact phone 619-687-5200  Contact email miguelm@psdslaw.com  Name  Contact phone 925-427-1839  Contact email garyc@comcon.net
Uniform claim identifier for electronic payments in chapter 13 (if you use one):  _____			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known)  Filed on _____  MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing?  _____		

**Fill in this information to identify the case:**

Debtor 1 DORA DOG PROPERTIES, LLC

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court District of Nevada

Case number: 19-50103

FILED

U.S. Bankruptcy Court  
 District of Nevada

5/21/2019

Mary A. Schott, Clerk

**Official Form 410**

**Proof of Claim**

04/19

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	Cemcon, Inc., a California corporation  Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?  Cemcon, Inc., a California corporation	Where should payments to the creditor be sent? (if different)  Cemcon, Inc.	Name  Attn: Gary Clayton, President 980 Garcia Avenue, Suite C  Pittsburgh, CA 94565  Contact phone 619-687-5200  Contact email miguelm@psdslaw.com  Name  Contact phone 925-427-1839  Contact email garyc@comcon.net
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known)  Filed on _____  MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing?		

**Fill in this information to identify the case:**

Debtor 1 DORA DOG PROPERTIES, LLC

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court District of Nevada

Case number: 19-50103

FILED

U.S. Bankruptcy Court  
District of Nevada

5/21/2019

Mary A. Schott, Clerk

**Official Form 410**

**Proof of Claim**

04/19

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	Cemcon, Inc., a California corporation  Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?  Cemcon, Inc., a California corporation  Name  Michael Y. MacKinnon, Esq. Pyle Sims Duncan & Stevenson 401 B Street, Suite 1500 Diego, CA 92101  Contact phone 619-687-5200  Contact email miquelm@psdslaw.com	Where should payments to the creditor be sent? (if different)  Cemcon, Inc.  Name  Attn: Gary Clayton, President 980 Garcia Avenue, Suite C  Pittsburgh, CA 94565  Contact phone 925-427-1839  Contact email garyc@comcon.net	
Uniform claim identifier for electronic payments in chapter 13 (if you use one):  _____			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known)  Filed on _____  MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing?  _____		

Fill in this information to identify the case:

Debtor 1	DORA DOG PROPERTIES L L C
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: District of Nevada	
Case number	19-50103

**Official Form 410****Proof of Claim**

12/15

**Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.**

**Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.**

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	Clark County Treasurer		
	Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? Reference #: 191-06-214-002	Where should payments to the creditor be sent? (if different)	Name
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Clark County Treasurer Name 500 S Grand Central Pky, PO Box 551220 Number Street Las Vegas NV 89155 City State ZIP Code	Number Street	City State ZIP Code
	Contact phone 702-455-2514	Contact phone _____	
	Contact email TRBank@ClarkCountyNV.gov	Contact email _____	
	Lisa.Logsdon@ClarkCountyDA.com		
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____		Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

**Fill in this information to identify the case:**

Debtor 1 DORA DOG PROPERTIES, LLC

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court District of Nevada

Case number: 19-50103

FILED

U.S. Bankruptcy Court  
District of Nevada

5/13/2019

Mary A. Schott, Clerk

**Official Form 410**

**Proof of Claim**

04/19

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	Coast Building Products		
	Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
	Coast Building Products		
	Name	Name	
	475 N Williamson Blvd Daytona Beach, FL 32114		
	Contact phone 386-763-7243	Contact phone _____	
	Contact email <a href="mailto:lydia.campbell@topbuild.com">lydia.campbell@topbuild.com</a>	Contact email _____	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Fill in this information to identify the case:

Debtor 1	<u>Dora Dog Properties, LLC</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the: District of Nevada	
Case number <u>19-50103</u>	

RECEIVED  
AND FILED

2020 JUL 23 AM 10:31

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK**Official Form 410****Proof of Claim**

12/15

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>Contra Costa County Treasurer-Tax Collector</u> Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  <u>Contra Costa County Tax Collector</u> Name _____ <u>P.O. Box 967</u> Number _____ Street _____ <u>Martinez CA 94553</u> City _____ State _____ ZIP Code _____ <u>Contact phone (925) 957-2832</u> <u>Contact email shirley.reese@tax.cccounty.us</u>	<b>Where should payments to the creditor be sent? (if different)</b>  <u>Contra Costa County Tax Collector</u> Name _____ <u>P.O. Box 967</u> Number _____ Street _____ <u>Martinez CA 94553</u> City _____ State _____ ZIP Code _____ <u>Contact phone (925) 957-2832</u> <u>Contact email shirley.reese@tax.cccounty.us</u>	
Uniform claim identifier for electronic payments in chapter 13 (if you use one):  -----			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Case 19-50103-gs Claim 3-1 Filed 02/11/19 Page 1 of 9

Fill in this information to identify the case:

Debtor 1	DORA DOG PROPERTIES, LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: District of Nevada	
Case number 19-50103-BTB	

RECEIVED  
AND FILED

2019 FEB 11 AM 11:59

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

## Official Form 410

**Proof of Claim**

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	HARRIS & SLOAN CONSULTING ENGINEERS, INC		
	Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?		Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	HARRIS & SLOAN CONSULTING ENGINEERS		Name _____
	Name	Number Street _____	
	2295 GATEWAY OAKS DR, SUITE 200	Number	Street
	SACRAMENTO CA 95833	City	State ZIP Code
	City State ZIP Code	City State ZIP Code	
	Contact phone 916-921-2441	Contact phone _____	
	Contact email TSLOAN@HARRISANDSLOAN.COM	Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No	Filed on _____ / _____ / _____	
	<input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	MM	DD
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes. Who made the earlier filing? _____		

**Fill in this information to identify the case:**

Debtor 1	DORA DOG PROPERTIES, LLC
Debtor 2	(Spouse, if filing)
United States Bankruptcy Court	<b>District of Nevada</b>
Case number: <b>19-50103</b>	

**FILED**

U.S. Bankruptcy Court  
 District of Nevada

5/21/2019

Mary A. Schott, Clerk

**Official Form 410  
 Proof of Claim**

04/19

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	Legacy Framers, Inc., a California corporation		
	Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Legacy Framers, Inc., a California corporation	Legacy Framers, Inc.	
	Name	Name	
	Michael Y. MacKinnon, Esq. Pyle Sims Duncan & Stevenson 401 B Street, Suite 1500 Diego, CA 92101	Attn: Gary Clayton, President 980 Garcia Avenue, Suite C  Pittsburgh, CA 94565	
	Contact phone 619-687-5200	Contact phone 925-427-1839	
	Contact email miguelm@psdslaw.com	Contact email garyc@cemcon.net	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known)		Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing?		

**Fill in this information to identify the case:**

Debtor 1	DORA DOG PROPERTIES, LLC
Debtor 2	(Spouse, if filing)
United States Bankruptcy Court	District of Nevada
Case number: 19-50103	

FILED

U.S. Bankruptcy Court  
 District of Nevada

5/21/2019

Mary A. Schott, Clerk

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 Proof of Claim**

04/19

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	Legacy Framers, Inc., a California corporation		
	Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Legacy Framers, Inc., a California corporation	Legacy Framers, Inc.	
	Name	Name	
	Michael Y. MacKinnon, Esq. Pyle Sims Duncan & Stevenson 401 B Street, Suite 1500 Diego, CA 92101	Attn: Gary Clayton, President 980 Garcia Avenue, Suite C  Pittsburgh, CA 94565	
	Contact phone 619-687-5200	Contact phone 925-427-1839	
	Contact email miguelm@psdslaw.com	Contact email garyc@cemcon.net	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known)		Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing?		

**Fill in this information to identify the case:**

Debtor 1	DORA DOG PROPERTIES, LLC
Debtor 2	(Spouse, if filing)
United States Bankruptcy Court District of Nevada	
Case number: 19-50103	

**FILED**

U.S. Bankruptcy Court  
 District of Nevada

5/21/2019

Mary A. Schott, Clerk

**Official Form 410  
 Proof of Claim**

04/19

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	Legacy Framers, Inc., a California corporation		
	Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Legacy Framers, Inc., a California corporation	Legacy Framers, Inc.	
Name	Name		
Michael Y. MacKinnon, Esq. Pyle Sims Duncan & Stevenson 401 B Street, Suite 1500 Diego, CA 92101	Attn: Gary Clayton, President 980 Garcia Avenue, Suite C  Pittsburgh, CA 94565		
Contact phone 619-687-5200	Contact phone 925-427-1839		
Contact email miquelm@psdslaw.com	Contact email garyc@cemcon.net		
Uniform claim identifier for electronic payments in chapter 13 (if you use one):  _____			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known)		
	Filed on _____ MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing?		

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM RECEIVED AND FILED <b>2021 AUG 12 AM 9:34</b>	
Name of Debtor: Dora Dog Properies LLC United States Bankruptcy Court District of Nevada	Case Number: BK-19-50103	U.S. BANKRUPTCY COURT MARY A. SCHWARTZ, CLERK	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		COURT USE ONLY	
Name of Creditor (the person or other entity to whom the debtor owes money or property): Lester Construction (Ray Lester, sole owner)		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.	
Name and address where notices should be sent: 2515 Golf Run Ct. Valley Springs California		Court Claim Number: _____ (If known)	
Telephone number: (925) 519-5134 email: lesterray420@gmail.com		Filed on: _____	
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Telephone number: _____ email: _____			
1. Amount of Claim as of Date Case Filed: \$ 10,871.00			
If all or part of the claim is secured, complete item 4.			
If all or part of the claim is entitled to priority, complete item 5.			
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: Unpaid invoices for services performed (see attached) (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as: lester construction (See instruction #3a)	3b. Uniform Claim Identifier (optional):  (See instruction #3b)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.			
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).		<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).		<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify _____ applicable paragraph of 11 U.S.C. § 507 (a)(____).
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			

Case 19-50103-gs Claim 6-1 Filed 03/18/19 Page 1 of 28

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AND FILED

2019 MAR 18 PM 12: 14

U.S. BANKRUPTCY COURT  
MARY A. CLOUTIER CLERK

Fill in this information to identify the case:

Debtor 1 DORA DOG PROPERTIES

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: District of Nevada

Case number 19-50103-btb

## Official Form 410

## Proof of Claim

12/15

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?	NATIONAL CONSTRUCTION RENTALS Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  NATIONAL CONSTRUCTION RENTALS Name 15319 CHATSWORTH STREET Number Street MISSION HILLS CA 93021 City State ZIP Code Contact phone 818-221-6027 Contact email sfernandez1@rentnational.com	Where should payments to the creditor be sent? (if different)  Name Number Street City State ZIP Code Contact phone _____ Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

**Fill in this information to identify the case:**

Debtor 1 DORA DOG PROPERTIES, LLC

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court District of Nevada

Case number: 19-50103

**FILED**U.S. Bankruptcy Court  
District of Nevada

5/21/2019

Mary A. Schott, Clerk

**Official Form 410****Proof of Claim**

04/19

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	Nevada Power Company dba NV Energy		
	Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Nevada Power Company dba NV Energy		
	Name	Name	
	Attn: Susana Garcia PO Box 10100 Reno, NV 89520		
	Contact phone 775 834-4230	Contact phone _____	
	Contact email sgarcia@nvenergy.com	Contact email _____	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known)		
	Filed on _____ MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing?		

**Fill in this information to identify the case:**

Debtor 1 DORA DOG PROPERTIES, LLC

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court District of Nevada

Case number: 19-50103

FILED

U.S. Bankruptcy Court  
District of Nevada

2/12/2019

Mary A. Schott, Clerk

**Official Form 410**

**Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	Southern Highlands Community Association		
	Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Southern Highlands Community Association		
	Name	Name	
	11411 Southern Highlands Pkwy, #100 Las Vegas, NV 89141 Las Vegas, NV 89141		
	Contact phone 702-361-6640	Contact phone _____	
	Contact email <a href="mailto:jschuette@olympiacompanies.com">jschuette@olympiacompanies.com</a>	Contact email _____	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Case 19-50103-gs Claim 9-1 Filed 03/21/19 Page 1 of 12

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2019 MAR 21 PM 12:35

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

Fill in this information to identify the case:

Debtor 1 Dora Dog Properties, LLC

Debtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: District of Nevada

Case number 19-50103-BTB

**Official Form 410****Proof of Claim**

04/16

**Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.**

**Fillers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.**

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

**Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.**

**Part 1: Identify the Claim**

1. Who is the current creditor?	Stevens, Ferrone & Bailey Engineering Company, Inc. Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Stevens, Ferrone & Bailey Engineering Company, Inc. Name 1600 Willow Pass Court Number Street Concord CA 94520 City State ZIP Code Contact phone 925-688-1001 Contact email jbailey@sfandb.com	Where should payments to the creditor be sent? (if different)	
	Name 1600 Willow Pass Court Number Street Concord CA 94520 City State ZIP Code Contact phone 925-688-1001 Contact email jbailey@sfandb.com	Name Number Street City State ZIP Code Contact phone _____ Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing?		

**Fill in this information to identify the case:**

Debtor 1 DORA DOG PROPERTIES, LLC
Debtor 2
(Spouse, if filing)
United States Bankruptcy Court District of Nevada
Case number: 19-50103

FILED

U.S. Bankruptcy Court  
District of Nevada

2/12/2019

Mary A. Schott, Clerk

**Official Form 410  
Proof of Claim**

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	Vintage Valley at the Estates at S.H.G.C.  Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Vintage Valley at the Estates at S.H.G.C.  Name 11411 Southern Highlands Pkwy, #100 Las Vegas, NV 89141	Name	
	Contact phone 702-361-6640	Contact phone	
	Contact email ischuette@olympiacompanies.com	Contact email	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):  _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known)	Filed on	MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing?		

# EXHIBIT “B”

EXHIBIT “B”

**Fill in this information to identify the case:**

Debtor 1 DOG BLUE PROPERTIES, LLC

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court District of Nevada

Case number: 19-50104

**FILED**

U.S. Bankruptcy Court  
District of Nevada

3/20/2019

Mary A. Schott, Clerk

**Official Form 410**

**Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	800 S. Broadway  Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? 800 S. Broadway	Where should payments to the creditor be sent? (if different)	Name  Paymon Hifai, Esq. Horner Law Group, P.C. 800 S. Broadway, Suite 200 Walnut Creek, CA 94596  Name  Contact phone 9259436570 Contact phone _____ Contact email phifai@hornerlawgroup.com Contact email _____  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on _____ MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Case 19-50104-gs Claim 3-1 Filed 03/04/19 Page 1 of 3

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AND FILED

2019 MAR -4 PM 12: 10

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

Fill in this information to identify the case.

Debtor 1	DOG BLUE PROPERTIES, LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: District of Nevada	
Case number 19-50104-btb	

**Official Form 410****Proof of Claim**

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	Alexander & Associates, Inc. Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Name 147 Old Bernal Avenue Number Street Pleasanton CA 94566 City State ZIP Code Contact phone 925/462-2255 Contact email <a href="mailto:surveyor@trivalley.com">surveyor@trivalley.com</a>	Where should payments to the creditor be sent? (if different)  same Name Number Street City State ZIP Code Contact phone _____ Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

**Fill in this information to identify the case:**

Debtor 1 DOG BLUE PROPERTIES, LLC

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court District of Nevada

Case number: 19-50104

FILED

U.S. Bankruptcy Court  
District of Nevada

3/20/2019

Mary A. Schott, Clerk

**Official Form 410**

**Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	AMAC Construction and Restoration		
	Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	AMAC Construction and Restoration	Name	
	Name	Name	
	Horner Law Group, PC 800 S. Broadway, Suite 200 Walnut Creek, CA 94596		
	Contact phone 925-943-6570	Contact phone _____	
	Contact email phifai@hornerlawgroup.com	Contact email _____	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Case 19-50104-gs Claim 4-1 Filed 03/04/19 Page 1 of 8

Fill in this information to identify the case:

Debtor 1	<u>BLUE DOG PROPERTIES, LLC</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: District of Nevada	
Case number	

19-50104-BTB

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2019 MAR -4 PM 12: 10

U.S. BANKRUPTCY COURT  
NARVAEZ, SCHOTT, CLEARY**Official Form 410****Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>Bertolami Engineering</u> Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  <u>Gwen Bertolami, Bertolami Engineering</u> Name <u>1941 Oak Park Blvd. #70</u> Number Street <u>Pleasant Hill CA 94523</u> City State ZIP Code <u>Contact phone (925) 448-2875</u> <u>Contact email gwen_bertolami@comcast.net</u>	<b>Where should payments to the creditor be sent? (if different)</b>  Name Number Street City State ZIP Code Contact phone _____ Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (If you use one): -----			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>19-50104-btb</u> Filed on <u>01/30/2019</u> <u>MM / DD / YYYY</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

**Fill in this information to identify the case:**

Debtor 1 DOG BLUE PROPERTIES, LLC

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court District of Nevada

Case number: 19-50104

**FILED**

U.S. Bankruptcy Court  
District of Nevada

5/30/2019

Mary A. Schott, Clerk

**Official Form 410**

**Proof of Claim**

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	C A Construction		
	Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor		
	Chris McKinney		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	C A Construction		
Name	Name		
127 De Normandie Way Martinez, CA 94553			
Contact phone	9259170887	Contact phone	
Contact email	21techlife@gmail.com	Contact email	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known)		
	Filed on _____ MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Fill in this information to identify the case:

Debtor 1	<u>Dog Blue Properties, LLC</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the: District of Nevada	
Case number	<u>19-50104</u>

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AND FILED

2020 JUL 23 AM 10:32

U.S. BANKRUPTCY COURT  
MARY A. SCHMITT, CLERK**Official Form 410****Proof of Claim**

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<b>Contra Costa County Treasurer-Tax Collector</b> Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  Contra Costa County Tax Collector Name _____ P.O. Box 967 Number _____ Street _____ Martinez CA 94553 City _____ State _____ ZIP Code _____  Contact phone (925) 957-2832  Contact email <a href="mailto:shirley.reese@tax.cccounty.us">shirley.reese@tax.cccounty.us</a>	<b>Where should payments to the creditor be sent? (if different)</b>  Contra Costa County Tax Collector Name _____ P.O. Box 967 Number _____ Street _____ Martinez CA 94553 City _____ State _____ ZIP Code _____  Contact phone (925) 957-2832  Contact email <a href="mailto:shirley.reese@tax.cccounty.us">shirley.reese@tax.cccounty.us</a>	
Uniform claim identifier for electronic payments in chapter 13 (if you use one):  -----			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____  Filed on _____ MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

**Fill in this information to identify the case:**

Debtor 1	DOG BLUE PROPERTIES, LLC
Debtor 2	(Spouse, if filing)
United States Bankruptcy Court District of Nevada	
Case number: 19-50104	

FILED

U.S. Bankruptcy Court  
District of Nevada

5/20/2019

Mary A. Schott, Clerk

**Official Form 410  
Proof of Claim**

04/19

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	Daysh Developments, Inc. dba California Retaining  Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor California Retaining Walls Company		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Daysh Developments, Inc. dba California Retaining  Name  L.O. Thorsten J. Pray 2800 Pleasant Hill Rd. #100 Pleasant Hill, Ca. 94523 Pleasant Hill, CA 94523  Contact phone 9253858248  Contact email thorstenjpray@gmail.com	Where should payments to the creditor be sent? (if different)  Name  Contact phone _____  Contact email _____	Uniform claim identifier for electronic payments in chapter 13 (if you use one):  _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known)  Filed on _____ MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing?  _____		

Case 19-50104-gs Claim 2-2 Filed 05/06/19 Page 1 of 3

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2019 MAY -6 AM 11:48

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT CLERK

Fill in this information to identify the case:

Debtor 1	<u>DOG BLUE PROPERTIES</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the: District of Nebraska	
Case number <u>19-50104</u>	

## Official Form 410

**Proof of Claim Amended Priority Amount only**

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>EL DORADO COUNTY TAX COLLECTOR</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Name 360 FAIR LN Number Street PLACERVILLE CA 95667 City State ZIP Code Contact phone 530-621-5800 Contact email _____	Where should payments to the creditor be sent? (if different)  Name Number Street City State ZIP Code Contact phone _____ Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----			
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (If known) <u>2</u> Filed on <u>02/28/2019</u> <u>MM / DD / YYYY</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Case 19-50104-gs Claim 1-1 Filed 02/22/19 Page 1 of 8

Fill in this information to identify the case:	
Debtor 1	Miracle Method of Contra Costa/Alameda, Inc.
Debtor 2 (Spouse, if filing)	Dog Blue Properties
United States Bankruptcy Court for the: District of Nevada	
Case number	
<u>19-50104</u>	

RECEIVED  
 AND FILED  
 2019 FEB 22 PM 3:52  
 U.S. BANKRUPTCY COURT  
 MARY A. SCHOTT CLERK

## Official Form 410

**Proof of Claim**

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	Miracle Method of Contra Costa/Alameda, Inc.		
	Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Miracle Method of Contra Costa/Alameda, Inc.  Name 5702 Marsh Drive, Suite J  Number Street Pacheco CA 94553  City State ZIP Code Contact phone 925 685-4411  Contact email MiracleMethod@gmail.com		Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code  Contact phone _____  Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one):  -----			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Case 19-50104-gs Claim 10-1 Filed 05/13/19 Page 1 of 6

Fill in this information to identify the case:	
Debtor 1	Dog Blue Properties LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: District of Nevada	
Case number 19-50102-btb	

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2019 MAY 13 PM 12:25

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT CLERK**Official Form 410****Proof of Claim**

04/19

**Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.**

**Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.**

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

**Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.**

**Part 1: Identify the Claim**

1. Who is the current creditor?	Napa County Treasurer-Tax Collector <small>Name of the current creditor (the person or entity to be paid for this claim)</small>		
	Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Napa County Treasurer-Tax Collector Name 1195 Third St, Ste 108 Number Street Napa CA 94559 City State ZIP Code	Name	
	Contact phone 707-253-4056 Contact email rosa.montanez@countyofnapa.org	Number Street	City State ZIP Code
		Contact phone _____	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----			
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) _____		
	Filed on 04/25/2019 MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

**Fill in this information to identify the case:**

Debtor 1 DOG BLUE PROPERTIES, LLC

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court District of Nevada

Case number: 19-50104

**FILED**

U.S. Bankruptcy Court  
District of Nevada

5/6/2021

Mary A. Schott, Clerk

**Official Form 410**

**Proof of Claim**

04/19

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	SOUTH TAHOE PUBLIC UTILITY DISTRICT		
	Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	SOUTH TAHOE PUBLIC UTILITY DISTRICT	Name	
	Name	Name	
	1275 MEADOW CREST DR SOUTH LAKE TAHOE, CA 96150		
	Contact phone 5305446474	Contact phone _____	
	Contact email lkosciolek@stpub.dst.ca.us	Contact email _____	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known)	Filed on	MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing?	_____	

# EXHIBIT “C”

EXHIBIT “C”

Case 19-50105-gs Claim 3-1 Filed 02/19/19 Page 1 of 6

Fill in this information to identify the case:

Debtor 1	<u>BRANDY BOY PROPERTIES, LLC</u>
Debtor 2 (Spouse, if filing):	_____
United States Bankruptcy Court for the:	District of NEVADA <input type="checkbox"/>
Case number	<u>19-50105-btb</u>

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2019 FEB 19 AM 11:02

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT CLERK**Official Form 410****Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<b>BOULDER EXTERMINATORS</b> Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Name P O BOX 17000 Number Street SOUTH LAKE TAHOE CA 96151 City State ZIP Code  Contact phone 530-541-1777  Contact email <u>boulderext@gmail.com</u>	Where should payments to the creditor be sent? (if different)  Name P O Box 17000 Number Street Ss. Lake Tahoe CA 96151 City State ZIP Code  Contact phone 530-541-1777  Contact email <u>boulderext@gmail.com</u>	
Uniform claim identifier for electronic payments in chapter 13 (if you use one):  -----			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Case 19-50105-gs Claim 4-1 Filed 02/28/19 Page 1 of 6

Fill in this information to identify the case:

Debtor 1	<u>Brandy Boy Properties LLC</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the: District of Nevada	
Case number	<u>19-50105</u>

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2019 FEB 28 AM 11:01

U.S. BANKRUPTCY COURT  
MARY A. SCHOFELD, CLERK**Official Form 410****Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>El Dorado County Tax Collector</u> Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  <u>K E Coleman Treasurer Tax Collector</u> Name <u>360 Fair Lane</u> Number Street <u>Placerville CA 95667</u> City State ZIP Code Contact phone <u>530-621-5800</u> Contact email _____	<b>Where should payments to the creditor be sent? (if different)</b>  Name Number Street City State ZIP Code Contact phone _____ Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>MM / DD / YYYY</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Fill in this information to identify the case:

Debtor 1	BRANDY BOY PROPERTIES, LLC
Debtor 2	(Spouse, if filing)
United States Bankruptcy Court District of Nevada	
Case number: 19-50105	

FILED

U.S. Bankruptcy Court  
District of Nevada

9/18/2019

Mary A. Schott, Clerk

Official Form 410  
Proof of Claim

04/19

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	Maricopa County Treasurer		
	Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Maricopa County Treasurer	Maricopa County Treasurer	
	Name	Name	
	c/o Peter Muthig, Deputy County Attorney 222 North Central Avenue, Suite 1100 Phoenix, AZ 85004-2206	301 West Jefferson, Suite 100	
		Phoenix, AZ 85003	
	Contact phone (602) 506-1923	Contact phone (602) 506-8511	
	Contact email muthigk@mcao.maricopa.gov	Contact email desi.ramirez@mail.maricopa.gov	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) 1 Filed on 02/12/2019 MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

**Fill in this information to identify the case:**

Debtor 1	BRANDY BOY PROPERTIES, LLC
Debtor 2	(Spouse, if filing)
United States Bankruptcy Court	District of Nevada
Case number: 19-50105	

FILED

U.S. Bankruptcy Court  
District of Nevada

2/13/2019

Mary A. Schott, Clerk

**Official Form 410  
Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	Southwest Gas Corporation		
	Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Southwest Gas Corporation		
Name	Name		
P.O. Box 1498 Attn: Bankruptcy Desk Victorville, CA 92393-1498			
Contact phone	760-951-4045	Contact phone	
Contact email	customerinfo@swgas.com	Contact email	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		